

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10-577456

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
1					
2		1			
3		1			
4		1			
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TOTAL IND.	3				
TOTAL DEP.	17				
TOTAL CLAIMS	20				

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					